

Division of Mental Health and Addiction

Incident Reporting for the
CMHW Program





Agenda

- Purpose & objectives
- Importance of incident reports
- Types of incident reports
- How to file an incident report
- Follow up reports
- Common challenges & tips
- Wrap-up & Questions
- Quiz

Purpose

Incidents will Happen.....
How do you Respond, Report,
Resolve and Remedy



Objectives

- Understand why incident reports are important
- Understand the types of incidents that need to be reported
- Know how to complete incident & follow-up reports
- Understand some of the changes that became effective July 1, 2018





Importance of Incident Reports

- Federal and State Mandates
 - Quarterly and Annual reporting
- Vulnerable population
 - Susceptible to abuse, neglect & exploitation
- Improve outcomes for youth & families
 - Meeting the needs of children

Types of Incident Reports

Sentinel Incidents

- Must be reported to the DMHA within 24 hours of the provider's discovery of the incident
- Defined as serious and undesirable occurrence involving the loss of life, limb, or gross motor function for a participant





Critical Incidents

- Use of Restraints
- Elopement
- Medication Error
- Serious Injury
- Suicide Attempt
- Seclusion
- Violation of Rights
- Police Response
- Emergency Room
- Emergency Mental Health Evaluation

Must be reported to DMHA within 72 hours

Department of Child Services (DCS) Incidents



- Role and function of DCS
 - DCS website & Public Online Training Course
 - “Don’t Wait! Make the Call. Report Child Abuse and Neglect in Indiana”
 - <https://www.in.gov/dcs/2345.htm>
- Sentinel and critical incidents may need to be reported to DCS
 - Professional judgement
 - Agency guidance
- All incidents reported to DCS must be reported to DMHA



Use of Restraints

- Definition - Manual method, physical or mechanical device, material or equipment that is used to immobilize or medication that is used to restrict
- All restraints should be reported regardless of setting or person restraining
- Examples - being restrained by police or medical professional



Elopement

- Definition - Anytime a youth leaves a designated area without consent of the caregiver
- “Cooling off” per POC exception
- Example - youth gets into an argument with their parents and decides leave the house without permission



Medication Error

- Definition - anytime medication is not administered as prescribed; too few or too many
- Prescription and over-the-counter
- Example- Mom opened the wrong bottle and gave youth the pill he usually takes at night in the morning



Serious Injury

- Definition - physical injury sustained by the youth that requires immediate or emergency medical intervention
- Example - youth falls and breaks ankle at school while playing basketball; youth is taken to the hospital and the leg is placed in a cast



Suicide Attempt

- Definition - act with intention to cause one's own death
- What is the youth's intention?
- Suicidal ideation is not reported
- Acts of self harm like cutting is not reported



Seclusion

- Definition - involuntary confinement of client alone in a room or area from which the client is physically prevented from leaving
- Not allowed in any setting
- Examples:
 - School setting - “calm down” room
 - Crisis plan - “alone time”



Violation of Rights

- Definition - Refers to the violation of a child's rights based on their culture, family beliefs and customs.
- Basic human rights to be respected & valued
- Consider the child's age and family dynamics
- Examples:
 - denied access to parents
 - Forced to participate in or denied access to cultural or religious practices of their choice



Police Response

- Definition- Report when youth has “contact” with a police officer
- Contact with probation & school officers are not reported
- Examples -
 - youth arrested
 - police assist with de-escalating the youth



Emergency Room

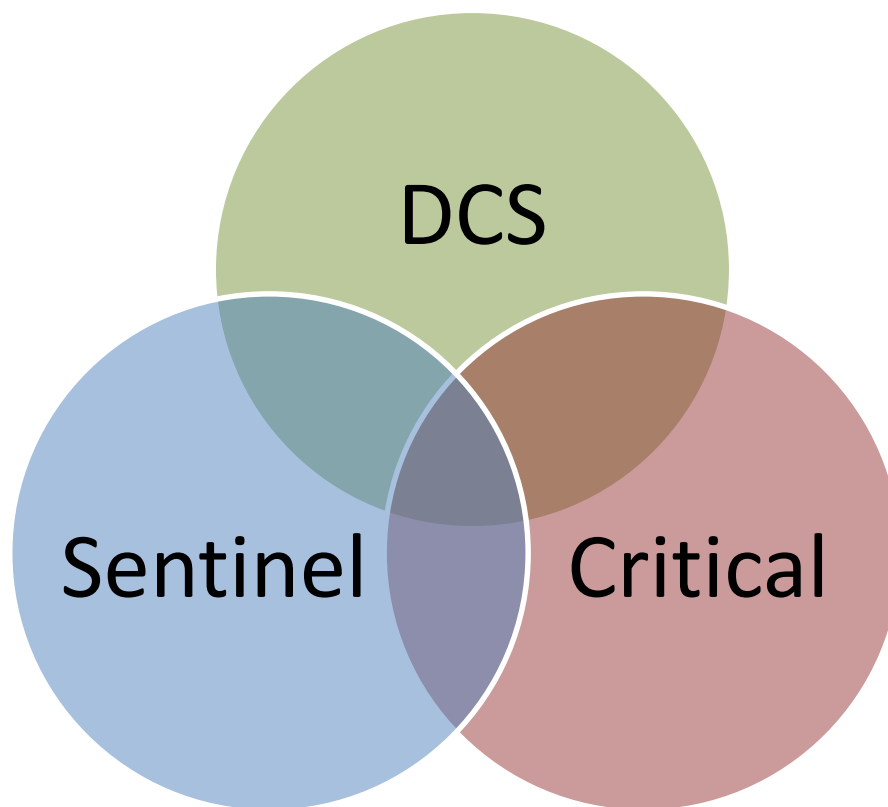
- Definition - any visit to the ER for illness or injury
- Report visits to immediate care, med-check centers, etc.
- Intended to capture non-physical illnesses or injuries
- Examples - severe cold/flu that has not been relieved with over-the-counter-medicines

Emergency Mental Health Evaluation



- Definition - youth goes in for a non-scheduled mental health evaluation
- Usually occurs as the result of an episode
- Evaluation could take place at any facility
- Example- youth is having an aggressive episode and can not be de-escalated; youth is sent to the ER for an emergency mental health evaluation

How Incident Types Interact



How to Complete an Incident Report

Completing an IR



State of Indiana
DIVISION OF MENTAL HEALTH AND ADDICTION

[User Guide](#)

[Initial Incident Report](#)

[Follow-Up to Initial
Incident Report](#)

[Complaint Report](#)

Welcome to the DMHA Incident, Follow-Up and Complaint Reporting website

NOTICE TO USERS: Please be advised, the Indiana Office of Technology (IOT) only supports Internet Explorer. If you access this site via Mozilla (Firefox), Safari, Chrome or some other agent, errors may occur. Thank you.

This website is for filing appropriate initial incident, follow-up and complaint reports as required by the State of Indiana Division of Mental Health and Addiction. Please review the User Guide for additional assistance and explanation of each web form.

This site is maintained by the Division of Mental Health and Addiction. Please report any technical problems with the website by sending an e-mail to DMHA.Admin@fssa.in.gov. Please direct policy related questions to DMHAYouthservices@fssa.in.gov.

Dmhareport.fssa.in.gov/

Participant Data



Participant Data

Participant ID	<input type="text" value="1234"/>	→	ID Type	<input type="text" value="-- Select Type --"/>
Last Name*	<input type="text" value="Doe"/>		First Name*	<input type="text" value="Jane"/>
Gender*	<input type="text" value="Female"/>		DOB*	<input type="text" value="02/10/2009"/>
Address*	<input type="text" value="456 Main Street"/>		City*	<input type="text" value="Pillsbury"/>
State*	<input type="text" value="IN"/>	←	Zip*	<input type="text" value="53214"/>
County*	<input type="text" value="Marion"/>		Funding Source*	<input type="text" value="1915(i) CMHW Services"/>

Informed Data



Informed Data	
Residential Provider (if applicable)	<input type="text" value=""/>
Legal Guardian	Judy Doe
Wraparound Facilitator*	
Search:	Tanya Mulamba
Select:	<div>- Other - Aaron Barnett (Aaron Barnett - Noblesville) Aaron Boyd (First Achieve the Challenge for Excellence, LLC - Indianapolis) Abigail D. Powers (Whittington Homes & Services for Children and Families - Fort Wayne)</div>
Other	<input type="text" value=""/>
CPS	<input type="text" value=""/>
Coroner	<input type="text" value=""/>
Police	X Handcuffed? Tasered?
Yes	
Individual Supervising at Time of Incident*	John Smith, Teacher



Person Reporting Incident

Reporting Person & Agency

Last Name* Johnson

First Name* Karen

Phone* 317-445-6214

Email* Karenj@agencyA.com

Reporting Agency*

Search: Agency A

Select: - Other -
Aaron Barnett - 300012681A (Noblesville)
Adult & Child - 100367690A (Indianapolis)
Adult & Child - 100367690B (Franklin)

Other:

Was a Provider present/involved at the time of the incident?* No

Incident Information



Incident Information

Date
Incident
Occurred* 05/02/2018

Time
Incident
Occurred 4:30 PM

Date
Report
Submitted 05/02/2018

Where
Incident
Occurred*
Community
Foster Home
Home, Other
Home, Own
Hospital
Other (Explanation Required)
PRTF

Is this
Incident a
Death of
Participant?
No

Incident Type* Child was left unsupervised and
(Brief Description) DCS report was made

Date of Knowledge* 05/02/2018

Explanation (When 'Other' Selected)

Is this a Sentinel
Event?* No

Complete/Preview

Cancel



Narrative

Narrative Details

Describe the Incident. Describe the injury, condition or circumstance of the Incident and the activities taking place immediately prior to the Incident. Identify all participants and their involvement in the Incident. Please be comprehensive but concise in explaining who, when, where, why, how and what was heard and/or observed*

Good narratives are accurate & specific, complete & concise, factual and objective and well organized, uses proper names to identity people and relationships

Plan to Resolve (Immediate and Long-Term)*

- Details about what occurred when DCS was contacted
- When the team plans to meet to discuss the incident
- What are the plans to decrease the likelihood of this type of incident

Tips for Completing the Narrative & Plan to Resolve Sections

- Remember your audience
- Ask questions to determine all the facts
date, time, location, who was involved
- What events lead up to the incident
- Describe the incident in sequence
Describe what every person involved said and did (ie. youth, parent, police, DCS etc)
- Be child specific
- Describe injuries and/or damage
- Be specific about incidents involving restraints, seclusion and reports made to DCS
- Describe how the incident ended and/or was resolved





Common Mistakes

- Not filling out all fields
- Not providing enough details
- Not discussing how the program participant was impacted
- Submitting reports that do not need to be submitted
- Over or under reporting to DCS
- Reporting when multiple children in the home are program participants
- Reporting incidents that indirectly impact program participants

Follow-up Reports

When are Follow-up Reports Required

If the child's health & safety is still at risk

- Open DCS investigation
- Child is missing
- Report is missing details and I am unable to determine whether or not the child is safe



Submitting a Follow-up Report

Current

- Open ended text box to write the follow-up narrative
- Was the Crisis Plan updated?
- Was the Plan of Care updated?
- Upload CFTM meeting notes

Coming Soon!

- Has this issue been addressed?
- What is the status of DCS involvement?
- What is the date of the crisis CFTM?
- Was the Crisis Plan updated?



General Incident Report Updates

- Allow WF and WF Supervisors access to submitted IRs and FURs through Tobi
- Effective July 1, 2018 only one IR needs to be submitted per incident
 - Defaults to WF
- “Incident Type” will be a drop down box; will need to select the IR type(s)
- Follow-up reports are going to be monitored more closely and corrective action will be taken if they are submitted late
- Incident Report training is required!!



Next Steps

- Download and print a copy of this PowerPoint from the DMHA Provider Information page
<https://www.in.gov/fssa/dmha/2764.htm>
- Follow this link to take the quiz
<https://www.surveymonkey.com/r/YHQFR37>
- Review this information and the Provider Module frequently. Discuss with your team members to ensure understanding and compliance
- Contact DMHA if you have any questions





Contact Information

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The End!

